

Delayed massive cerebral infarction after perioperative period of anterior cervical discectomy and fusion: A case report

Dear Editor and Reviewer:

Thank you for your letter and the reviewers' comments. The comments are valuable and very helpful for revising and improving our paper, as well as the important significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in **red** in revised manuscript. I would like to re-submit this revised manuscript and hope it is acceptable for publication in the journal. The main corrections in the paper and the responds to the reviewer's comments are as follows.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely,

Responds to Reviewers

Reviewer #1:

This is an excellent case report describing a poorly understood complication of ACDF surgery. The authors have described the case in great detail and the conclusion makes excellent points.

Response 1: Thank you for your recognition of our work.

Whilst I understand the desire to make the case summary fit a 'history of presenting complaint' narrative, it feels confusing in some points and would be better served in chronological order. The paragraph entitled 'history of present illness' should be re-ordered to start with the presenting symptoms of cervical myelopathy.

Response 2: Thank you for this advice. The timeline itself is simple, that is, cerebral infarction occurred on the postoperative day 18. The original manuscript was in accordance with the WJCC format requirements, and there might have been some reading confusions due to time inversion. Now, with your suggestion, we have reordered the report starting with the patient's initial admission for CSM, which is very helpful to readers, thank you!

The discussion section described the possible/probable causative link between carotid retraction (in the presence of significant risk factors) in an excellent way. However the conclusion section of the abstract states that the stroke 'should be attributed to prolonged carotid retraction and might have a long silent period'. I feel that 'should' is too strong a term for this association and should be altered to 'may' or 'probably was'.

Response 3: Thanks for your rigorous scholarship. We believe this wording change is reasonable. The 'should' has been altered to 'may'. Agree again with your reminder.

Overall, I commend the authors on an informative and thought provoking manuscript.

Response 4: Thank you for your approval of this case report.